



<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 213126US0X
First Inventor or Application Identifier Nobuhiro SATO, et al.		1106 U.S. PTO 09/31/01 08/20/01
Title THERAPEUTIC AGENT FOR ULCERATIVE COLITIS		
Assignee Name: (1) Nobuhiro SATO; (2) AJINOMOTO CO., INC.		
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<b>APPLICATION ELEMENTS</b> See Manual Chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		<b>ACCOMPANYING APPLICATION PARTS</b>	
2. <input checked="" type="checkbox"/> Specification Total Sheets <b>12</b>		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
3. <input type="checkbox"/> Formal Drawing(s) Total Sheets <input type="text"/> (35 U.S.C. 113)		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
4. <input type="checkbox"/> Oath or Declaration Total Pages <input type="text"/> a. <input type="checkbox"/> Newly executed (original or copy)		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 17 completed)		10. <input type="checkbox"/> English Translation Document (if applicable)	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		12. <input type="checkbox"/> Preliminary Amendment	
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard	
a. <input type="checkbox"/> Computer Readable Form (CRF)		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
b. Specification or Sequence Listing on:		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		16. <input type="checkbox"/> Other:	
ii. <input type="checkbox"/> Paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			
7. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: Prior application information: Examiner: Group Art Unit:			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on <input type="checkbox"/> Which was published in English <input type="checkbox"/> Which was not published in English <input type="checkbox"/> This application claims priority of provisional application Serial No. Filed			
<b>19. CORRESPONDENCE ADDRESS</b>  <b>22850</b> (703) 413-3000 FACSIMILE: (703) 413-2220			

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Docket No. 213126US0X

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Nobuhiro SATO, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: THERAPEUTIC AGENT FOR ULCERATIVE COLITIS

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	15 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	10 - 3 =	7	× \$80 =	\$560.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$1,400.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$1,400.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of \_\_\_\_\_ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$1,400.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.



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